

HB 1315

2026

A bill to be entitled
An act relating to behavioral health intervention services; creating s. 409.9206, F.S.; providing legislative findings and purpose; providing definitions; authorizing, contingent upon an appropriation, the state Medicaid plan to fund a demonstration pilot program for specified purposes in specified counties; providing pilot program requirements; requiring the state Medicaid plan to provide a specified report to the Legislature in a certain timeframe; providing for expiration of the pilot program; providing an effective date.

Be It Enacted by the Legislature of the State of Florida:

Section 1. Section 409.9206, Florida Statutes, is created to read:

409.9206 De-risking disease behavioral health intervention services pilot program.—

(1) LEGISLATIVE FINDING; PURPOSE.—

(a) The Legislature finds that under federal Medicaid

managed care regulations 42 CFR 438.3(e)(2) and 42 CFR 438.16,
the Agency for Health Care Administration may approve de-risking
disease behavioral health intervention services.

(b) The purpose of this section is to authorize the state

26 Medicaid plan to fund a demonstration pilot program that shall
27 provide a de-risking disease behavioral health intervention
28 services management plan to recipients of the state Medicaid
29 plan in Region G, which consists of Indian River, Martin,
30 Okeechobee, Palm Beach, and St. Lucie Counties.

31 (2) DEFINITIONS.—As used in this section, the term:

32 (a) "De-risking disease behavioral health intervention
33 services" means a set of five concurrent, chronic disease, self-
34 management services and medical nutrition supports demonstrated
35 in scientific research to improve behavioral health and chronic
36 disease outcomes. The term includes:

37 1. Behavioral health counseling by a licensed clinical
38 social worker for lifestyle modifications for patients diagnosed
39 with depression and uncontrolled diabetes mellitus.

40 2. Medical nutrition therapy by a registered dietitian
41 nutritionist for diet and lifestyle modifications for patients
42 with depression and uncontrolled diabetes mellitus.

43 3. Biomarker health tracking, nudging, and reporting by
44 Diabetes Supply Services Coverage Policy approved devices
45 including HbA1C, blood sugar glucose, oxygen, heart rate,
46 lipids, weight, body mass index, blood pressures, and other
47 biomarkers.

48 4. Medical disease nutrition education designed for
49 depression or diabetes mellitus, and is evidence-based, and
50 demonstrated to improve measurable health outcomes.

51 5. Medical nutrition supports are evidence-based lifestyle
52 modification services demonstrated to improve health outcomes
53 for patients diagnosed with depression and diabetes mellitus,
54 and include clinical nutrition groceries, or home-delivered
55 medically tailored meals, or produce prescriptions, or other
56 evidence-based medically necessary nutrition interventions
57 demonstrated to be cost effective by scientific research
58 studies.

59 (b) "Participant" means a Medicaid enrollee recipient and
60 recipient family participating in the pilot program.

61 (c) "Pilot program" means the demonstration pilot program
62 established by the state Medicaid plan.

63 (3) PILOT PROGRAM.—Contingent upon an appropriation, the
64 state Medicaid plan may fund a demonstration pilot program to
65 provide behavioral health intervention services for Region G,
66 which consists of Indian River, Martin, Okeechobee, Palm Beach,
67 and St. Lucie Counties.

68 (a) Under the pilot program, Medicaid managed assistance
69 providers may offer de-risking disease behavioral health
70 intervention services:

71 1. In lieu of services specified in the state Medicaid
72 plan to an enrollee who is diagnosed with both of the following:
73 a. Depression or anxiety.
74 b. Diabetes mellitus, obesity, or coronary heart disease.
75 2. To 1,000 participants as a disease management plan.

76 (b) The design, evaluation, and outcomes shall be from a
77 research evaluation conducted by nutrition scientists at Tufts
78 University Friedman School of Nutrition Science and Policy, a
79 qualified and accredited academic institution specialized in
80 nutrition, and the Florida Health and Nutrition Coalition
81 program implementation experts. The pilot program shall:

82 1. Design the de-risking disease behavioral health
83 intervention services, diabetic supply services, chronic disease
84 self-management and education services, and medical nutrition
85 supports coverage in lieu of services.

86 2. Review and assess health outcomes, biomarkers and data
87 on the impact to the pilot program participant, their family,
88 and their children to evaluate the pilot program disease
89 management plan impact.

90 3. Collect data including, but not limited to, the rate by
91 which pilot program participants, family, and children comply
92 with de-risking disease behavioral health intervention services;
93 health outcomes and biomarkers associated with the participant,
94 their family, and their children; impact on diagnosis, chronic
95 health condition and disease symptoms.

96 (4) ANNUAL REPORT.—The state Medicaid plan shall:

97 (a) As soon as practicable after the expiration of the
98 pilot program, prepare and submit to the Legislature a report on
99 the number of times during the preceding year the de-risking
100 disease behavioral health intervention services were used in

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101 Indian River, Martin, Okeechobee, Palm Beach, and St. Lucie
102 Counties, a summary of the data the state Medicaid plan
103 collected, and recommendations for any Legislative action.

104 (b) Consider the actual cost, measurable goals and health
105 outcomes met, and enrollee adherence of the de-risking disease
106 behavioral health intervention services when paying the
107 capitation rates for that organization under the contract.

108 (5) EXPIRATION.—

109 (a) The pilot program shall expire August 31, 2030.

110 (b) This section expires September 1, 2031.

111 **Section 2.** This act shall take effect July 1, 2026.